

## Complete Summary

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### GUIDELINE TITLE

Gastritis.

### BIBLIOGRAPHIC SOURCE(S)

Gastritis. Philadelphia (PA): Intracorp; 2005. Various p. [19 references]

### GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from April 1, 2005 to April 1, 2007.

## COMPLETE SUMMARY CONTENT

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METHODOLOGY - including Rating Scheme and Cost Analysis  
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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

Gastritis:

- Non-atrophic (caused by *Helicobacter pylori*)
- Atrophic (autoimmune type and multifocal atrophic type)
- Special forms
  - Chemical irritants
  - Radiation type
  - Lymphocytic
  - Non-infectious granulomatous
  - Eosinophilic
  - Infectious gastritis

## GUIDELINE CATEGORY

Diagnosis  
Evaluation  
Management  
Treatment

## CLINICAL SPECIALTY

Family Practice  
Gastroenterology  
Internal Medicine

## INTENDED USERS

Allied Health Personnel  
Health Care Providers  
Health Plans  
Hospitals  
Managed Care Organizations  
Utilization Management

## GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis, treatment, and management of gastritis that will assist medical management leaders to make appropriate benefit coverage determinations

## TARGET POPULATION

Individuals with gastritis

## INTERVENTIONS AND PRACTICES CONSIDERED

### Diagnosis/Evaluation

1. Physical examination and assessment of signs and symptoms
2. Diagnostic tests:
  - Complete blood count (CBC)
  - Upper gastrointestinal barium swallow (UGI)
  - Gastric aspiration
  - Urea breath test (UBT)
  - Enzyme-linked immunosorbent assay (ELISA)
  - Stool antigen test
  - Endoscopy/gastroscopy (EGD)
  - Tissue biopsy

### Management/Treatment

1. Antacids
2. H2-receptor antagonists

3. Proton pump inhibitors
4. Prostaglandins
5. Anticholinergic agents
6. Gastrointestinal agent (Sucralfate [Carafate®])
7. Combination therapy for eradication of *Helicobacter pylori*
8. Antibiotics
9. Elimination of exacerbating factors
10. B<sub>12</sub> supplementation
11. Referral to specialists

## MAJOR OUTCOMES CONSIDERED

Not stated

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)  
 Hand-searches of Published Literature (Secondary Sources)  
 Searches of Electronic Databases

### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

### NUMBER OF SOURCE DOCUMENTS

Not stated

### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

### METHODS USED TO ANALYZE THE EVIDENCE

Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups  
Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

Diagnostic Confirmation

## Subjective Findings

- Epigastric or right upper quadrant (RUQ) pain
- Nausea
- Vomiting
- Epigastric fullness
- Indigestion or heartburn
- Report of excessive belching, flatulence

## Objective Findings

- Abdominal bloating
- Diffuse abdominal pain; epigastric or upper quadrants
- Borborygmi: increased bowel sounds
- Halitosis
- Unintentional weight loss
- Symptoms of upper gastrointestinal bleeding:
  - Hematemesis
  - Melena
  - Occult blood in the stool
  - Pallor
  - Tachycardia
  - Hypotension

## Diagnostic Tests

### Initial work up:

- Complete blood count (CBC) - evaluate for symptoms of occult bleeding
  - Hemoglobin/hematocrit lower than normal
  - Upper gastrointestinal barium swallow (UGI) - evaluate for lesion, ulcer, mass
- Gastric aspiration for testing
  - Presence of occult blood
  - Chemical analysis, pH

### Additional tests specific to Helicobacter pylori infection:

- Urea breath test (UBT)-urea labeled with Carbon-14, administered orally
  - H. pylori excretes urease
  - Orally ingested C-14 urea hydrolyzes into NH<sub>4</sub> and 14-CO<sub>2</sub>
  - 14-CO<sub>2</sub> is exhaled; collected in timed samples
  - Rapid results
  - Requires a mass spectrometer or liquid scintillation counter
- Serologic with enzyme-linked immunosorbent assay (ELISA) testing for H. pylori antibodies
  - Elevated antibody titers very sensitive and specific for active infection
  - Of limited use for documenting eradication
- Stool antigen test for H. pylori - useful after treatment to confirm successful eradication of infection
- Endoscopy/gastroscopy (EGD) after trial of empiric therapy

- Endoscopy is invasive, but has advantage of allowing for biopsy capability
- Tissue biopsy & histology is required to definitively confirm the diagnosis and cause of gastritis

### Differential Diagnosis

- Peptic ulcer disease (PUD) (see the Intracorp guideline Peptic Ulcer)
- Gastric cancer (see the Intracorp guideline Gastric Cancer)
- Gastric lymphoma (see the Intracorp guideline Non-Hodgkin's Lymphoma)
- Gastroesophageal reflux disease (GERD) (see the Intracorp guideline Gastroesophageal Reflux disease)
- Pancreatitis (see the Intracorp guideline Pancreatitis)
- Acute myocardial infarction (AMI) (see the Intracorp guideline Myocardial Infarction)
- Myocardial ischemia (see the Intracorp guideline Angina Pectoris)
- Pneumonia (see the Intracorp guideline Pneumonia-Community Acquired)
- Cholestatic disease/biliary colic (see the Intracorp guideline Cholelithiasis)
- Irritable bowel syndrome (see the Intracorp guideline Irritable Bowel)
- Gastroenteritis
- Musculoskeletal pain

### Treatment

#### Treatment Options

- Antacids - aluminum- and magnesium-containing gastric acid neutralizers
  - Maalox, Mylanta - available over the counter (OTC)
  - Inexpensive
  - Safe; possibly to be avoided in pregnancy
- H<sub>2</sub>-receptor antagonists - inhibits histamine action on parietal cells, thereby inhibiting gastric acid secretion
  - Cimetidine (Tagamet®)
  - Famotidine (Pepcid®)
  - Nizatidine (Axid®)
  - Ranitidine (Zantac®)
  - Generally safe if pregnant; benefits should outweigh risks
- Proton pump inhibitors-bind to parietal cell proton pump; inhibits secretion of H<sup>+</sup> into gastric lumen
  - Lansoprazole (Prevacid®)
  - Omeprazole (Prilosec®)
  - Esomeprazole (Nexium®)
  - Rabeprazole (Aciphex®)
  - Pantoprazole (Protonix®)
  - Safety in pregnancy has not been fully established for this class of drugs
- Prostaglandins - can prevent peptic ulcer disease (PUD) in those taking non-steroidal anti-inflammatory drugs (NSAIDs)
  - Misoprostol (Cytotec®)
  - Contraindicated in pregnancy
- Anticholinergic agents
- Gastrointestinal agent

- Sucralfate (Carafate®) - binds with gastric ions to form a viscous, protective coating
- Eradication of *H. pylori* with combination therapy (see the Intracorp guideline Peptic Ulcer Disease)
- Antibiotics if other infectious process identified
- Elimination of exacerbating factors, (e.g., NSAIDs, alcohol abuse)
- B<sub>12</sub> supplementation in cases of pernicious anemia
- Symptoms of gastric perforation, gastric outlet obstruction require referral to surgeon for evaluation and repair

#### Duration of Medical Treatment

- Medical - Optimal: 7 day(s), Maximal: 42 day(s)
  - Gastritis is frequently a limited disease that responds to treatment.
  - Recurrent or chronic gastritis with questionable etiology or related to persistent exposure to irritants (e.g., NSAIDs) typically requires longer-term treatment.
  - Gastritis may occasionally cause acute gastrointestinal hemorrhage, which represents a medical emergency.

Additional information regarding primary care visit schedules, referral options, and specialty care is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Resolving abdominal pain, nausea, vomiting
- Resolving gastrointestinal bleeding

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### POTENTIAL BENEFITS

Appropriate diagnosis, treatment, and management of gastritis that assist medical management leaders to make appropriate benefit coverage determinations

#### POTENTIAL HARMS

Not stated

## CONTRAINDICATIONS

### CONTRAINDICATIONS

Misoprostol is contraindicated in pregnancy.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness

### IOM DOMAIN

Effectiveness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Gastritis. Philadelphia (PA): Intracorp; 2005. Various p. [19 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1997 (revised 2005)

### GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

### SOURCE(S) OF FUNDING

Intracorp

### GUIDELINE COMMITTEE



CIGNA Clinical Resources Unit (CRU)  
Intracorp Disability Clinical Advisory Team (DCAT)  
Medical Technology Assessment Committee (MTAC)  
Intracorp Guideline Quality Committee

#### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

#### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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#### GUIDELINE AVAILABILITY

Electronic copies: Intracorp guidelines are available for a licensing fee via a password protected, secure Web site at [www.intracorp.com](http://www.intracorp.com).

Reprints of complete guideline content may be purchased for \$35.00 per title (plus tax in TX). Please send e-mail request to [mbraytenbah@mail.intracorp.com](mailto:mbraytenbah@mail.intracorp.com).

#### AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.
- Online guideline user trial. Register for Claims Toolbox access at [www.intracorp.com](http://www.intracorp.com).

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: [lbowman@mail.intracorp.com](mailto:lbowman@mail.intracorp.com).

#### PATIENT RESOURCES

None available

#### NGC STATUS

This NGC summary was completed by ECRI on May 31, 2005. The information was verified by the guideline developer on June 7, 2005.

## COPYRIGHT STATEMENT

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